

Guest Editorial

Work injury management

Carole James

School of Health Sciences, University of Newcastle, University Drive, Callaghan, NSW 2308, Australia
E-mail: carole.james@newcastle.edu.au

It is my pleasure to be guest editor for this special section of *Work: A Journal of Prevention, Assessment and Rehabilitation* that includes articles focusing upon Work Injury Management.

Work Injury Management is a broad topic area and a range of terminology refers to aspects of this area including: disability management; work disability; workplace injury management; occupational rehabilitation; workers compensation and the list continues.

Work Injury Management is defined as a managed care approach to workplace injury and includes aspects of ergonomics, prevention, health and safety, early intervention and cost containment that is supported by legislation [1]. It is accepted that work is generally good for health [2] and using this premise, work injury management aims to facilitate appropriate activities and procedures to ensure a timely, safe and durable return to suitable employment/work for injured or sick workers. An employee's health, well-being and rehabilitation are considered as part of this process, to minimise the impact of injury or disability on the worker's capacity to perform at work.

Increased prevalence of work disability has led to this becoming a public health concern internationally and a burden to workers, workplaces and society as it impacts a workers health and wellbeing and their productivity [2]. This includes increased numbers of individuals with work disability due to mental health problems, increased numbers of young workers with work disability and also increased numbers of individuals with work disability due to chronic disease.

Historically work injury management utilised biomechanical approaches to manage injury, and was clinic based using real or simulated work tasks in a

work hardening approach. The aim was to improve strength and endurance of an individual and facilitate the goal of restoring physical and functional capacities and return to work [1]. This has evolved overtime, with work injury management using a combination of biomechanical and psychosocial approaches and regularly now occurs at the workplace. It is noted however, that the predominant focus of return to work literature has been on physical injury with psychological injuries posing increased challenges [3–5].

The use of modified work and suitable duties is now commonplace within the workplace injury management and return to work process. The article by James et al discusses resourcefulness in the provision of suitable duties for injured nurses, with discourse from rehabilitation coordinators on the way that the challenges and barriers of suitable duties provision have been overcome in this specific environment.

When considering the provision of suitable duties, as with other aspects of the management of workplace injury, it is important for consideration to be given to who is having input into this decision. Adam et al. investigated the perceptions of employers and early graduates on the attributes of graduates in work practice and discuss the skills required, options for learning, employer expectations and the transition to work practice. This is a particularly relevant study in the Australian context where many early graduates are routinely employed in work practice.

The return to work process is directed by different legislative requirements and organisational demands around the world. This process may vary according to the work-absence management processes, the workers compensation processes and by the type of injury be it

of a physical or mental disability. In this section Durant et al. have mapped the actions and an integrated approach for organisations to promote return to work for those with musculoskeletal or mental disorders. They identify six clear steps in the return to work process.

Aurbach provides an interesting discussion on 'needless disability' discussing the learned behaviour of disability and providing insight into the legislative process, the involvement of regulators and service providers and the constraints of such a system. He suggests a shift in paradigm is needed for long term viability of compensation systems and proposes a model based on neuroplasticity for prevention of needless disability.

These papers provide different perspectives and food for thought in terms of how we manage work injury management in our own environment. I trust you will find these articles useful.

References

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